LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L020 000 299 22

1. Entity Name

Pink Flamingo Investments, LLC

DO NOT WRITE IN THIS SPACE

30066824

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14955 Gulf Blvd

Suite, Apt. #, etc.

14

City & State

Madeira Beach, FL

Zip 33909   Country USA

3. Mailing Address

6439 Central Ave

Suite, Apt. #, etc.

City & State St Petersburg, FL

Zip 33910   Country USA

4. FEI Number

05-0539497

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Stephen Simone

Street Address (P.O. Box Number is Not Acceptable)

6439 Central Ave

City St. Petersburg FL Zip Code 33910

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable

DATE _____

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE Managing Member	TITLE	
NAME Karen Rogers	NAME	
STREET ADDRESS 14955 Gulf Blvd #14	STREET ADDRESS	
CITY-ST-ZIP Madeira Beach, FL 33909	CITY-ST-ZIP	
TITLE	TITLE	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Karen R   4-30-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #